UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1991/P/L.7
6 February 1991

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1991 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Ghana

The Executive Director recommends that the Executive Board approve the country programme of Ghana for the period 1991-1995 in the amount of $11,625,000 from general resources, subject to the availability of funds, and $8,500,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. The Ghanaian economy has endured a decade of crisis owing to external factors including sharp reversals in the terms of trade, high levels of debt servicing and declining net resource transfers. Despite those constraints, Ghana has made impressive progress since the adoption of the Economic Recovery Programme in 1983 as indicated by an average annual gross domestic product growth rate of 2.6 per cent during the period 1985-1988. Structural adjustment measures have, however, had a negative impact on some sectors of society. In response, the Government launched the Programme of Action to Mitigate the Social Costs of Adjustment and Development as a means of providing temporary relief to vulnerable groups that have suffered from the past decade of economic decline, as well as from the adverse, short-term effects of adjustment.

2. The Government has committed itself to a policy of decentralizing responsibility for development and the provision of social services and, in this regard, district assemblies with social sector sub-committees have been established in each district in the country. In addition, the civil service is being restructured to more effectively meet local needs, and a new National Development Planning Commission is being established to formulate, implement and monitor national development strategies and plans.

3. The Government has given increased priority to social sector programmes as demonstrated by: (a) increased per capita expenditures on health and education; (b) the implementation of major educational reforms; (c) the establishment of a National Social Mobilization Committee for Child Survival and Development; and (d) being the first country to ratify the Convention on the Rights of the Child.

4. The population of Ghana is currently estimated at some 14.6 million people and has an annual population growth rate of 2.6 per cent, with rates reaching as high as 4.5 per cent in some rural areas. Approximately 30 per cent of the population live in urban centres, while 32.4 per cent live in rural communities of under 500 inhabitants. The Government estimates that there are between 44,000 and 48,000 communities in the country scattered among 110 districts in the 10 administrative regions.

5. Poverty remains a significant and, perhaps, increasing problem, particularly in rural areas among subsistence farmers outside the market economy. Farming is the single most important occupation for rural women, who constitute 50 per cent of all workers in agriculture and animal husbandry. Data from the 1989 Ghana Living Standards Survey show that 25, 34 and 26 per cent of households in Accra, other urban areas and rural areas, respectively, are headed by women.

6. Approximately 55 per cent of the total population have access to potable water, with only 15 per cent of people living in communities of fewer than 500 inhabitants having access to this basic service. Access to adequate sanitation is limited, with only 50 per cent of the urban population and

15 per cent of the rural population having adequate sanitation, yielding a national coverage of 27 per cent.

7. The infant mortality rate was estimated at 77 per 1,000 live births for the period 1983-1987. The under-five mortality rate (U5MR) is estimated at 143 per 1,000 live births, but the rate is substantially higher in some areas. More than one third of deaths among children under five years old are caused by vaccine-preventable and infectious diseases, including malaria, measles, diarrhoeal diseases and acute respiratory infections (ARI). Approximately 1 out of every 10 children dies from causes related to malnutrition, and an almost equal number from causes related to low birth weight. Those factors account for almost 60 per cent of all deaths among children under five years old. Those same diseases are also the main causes of morbidity in children under five years old. Malaria is the cause of almost 45 per cent of all out-patient visits, followed by ARI (10 per cent) and severe diarrhoea (7 per cent).

8. The currently accepted figure for the maternal mortality rate remains unacceptably high, ranging from 500 to 1,000 per 100,000 live births. It is estimated that 4 out of every 10 maternal deaths are due to preventable causes.

9. Malnutrition remains a serious problem, with 58 per cent of children under five years old falling below 80 per cent of the correct weight for their age and 8 per cent suffering from marasmus or kwashiorkor. Micronutrient deficiencies pose a major problem, and vitamin A and iodine deficiencies are common in the Northern, Upper East and Upper West Regions. Malnutrition among women, especially pregnant and lactating mothers, is also a significant problem.

10. Approximately 9 to 10 per cent of the eligible age-group of three- to six-year-olds were enrolled in public or private pre-schools in 1987-1988. Most of the available facilities are in urban areas, are in poor physical condition and are staffed mostly by unqualified teachers. Approximately one third of children in the relevant age-group (6 to 11 years of age) do not attend primary school. Of those who do attend, 27 per cent of boys and 35 per cent of girls drop out before finishing the basic primary cycle (up to sixth grade). Children leave school primarily for economic reasons, such as the inability to pay for fees and supplies. A national study in 1989 revealed that only 11 per cent of children 9 to 14 years of age are literate, a figure that does not reflect significant gender disparity. The literacy rate of the total population nine years old and over is estimated at 32 per cent, with significant differences observed for men and women (42 and 23 per cent, respectively).

PROGRAMME COOPERATION, 1986-1990

11. A major activity during the past programme cycle was to assess the impact of economic recession and adjustment policies on vulnerable groups, especially women and children, and to bring this to the attention of government policy makers and the international donor community. This advocacy effort led to the

publication of a report by UNICEF in 1986 that played an important role in mobilizing support for a concrete response to the problems and needs, leading to the formulation of the Programme of Action to Mitigate the Social Costs of Adjustment and Development. The $85 million Programme was launched in 1988 and was targeted at rural households (particularly in the Northern, Upper East and Upper West regions), low-income, unemployed and underemployed urban households, and "redeployed" employees from the civil service and public and private enterprises. The UNICEF contribution to the Programme has focused on an essential drugs project and a project for enhancing the opportunities of women in development (in collaboration with the United Nations Development Programme (UNDP), the United Nations Development Fund for Women (UNIFEM) and the United States Agency for International Development (USAID)). A donor review of the Programme of Action to Mitigate the Social Costs of Adjustment and Development in mid-1990 noted the slow implementation of the programme owing largely to over-ambitious targets and deadlines. The mission recommended a number of measures to accelerate the programme, including reducing the number of programme areas and the number of donors for each project.

Primary health care

12. In view of limited UNICEF resources and constraints on government resources, an area-specific approach was adopted, focusing specifically on the Government's primary health care (PHC) structure, which operates from the district headquarters through an intermediary supervisory health post/centre to the community. Initially, a limited number of districts were selected to begin PHC programmes. However, at the beginning of 1987, the focus of implementation shifted to all 65 districts in the country in response to the Government promotion of PHC nationally.

Essential drugs

13. In addition to the training of health staff at all levels and the supply of drugs and dietary supplements kits for PHC facilities, a national essential drugs list was established. This has facilitated the introduction of the Government decentralized and self-financing essential drugs system ("cash and carry") of drug supply and the launching of the Bamako Initiative in 1989 in five districts, one in each of five regions.

Expanded programme on immunization

14. Following its revitalization in 1985 with the measles campaign, the expanded programme on immunization (EPI) emerged as the major entry point for enhancing PHC in Ghana. However, despite political commitment at the highest level for achieving universal child immunization (UCI) by 1990 and significant progress in developing and strengthening the cold-chain system and flow of vaccines to the village level, it was not until 1989 that this progress was reflected in improved coverage rates based on sustainable delivery systems. At the end of 1989, national vaccination coverage of children under one year old had reached 51 per cent for the third dose of combined diphtheria/pertussis/tetanus vaccine, 65 per cent for measles vaccine,

51 per cent for the third dose of polio vaccine and 99 per cent for anti-tuberculosis vaccine. Until 1989, estimates of vaccination coverage were based on a target population of children under one year old of 3.0 per cent of the total population. In 1990, the Government revised its estimates to 3.8 per cent, although early coverage estimates have not been revised to reflect this change. Although vaccination coverage has increased substantially in recent years, major efforts are still required to maintain high coverage rates and to reduce drop-out rates for multiple dose antigens. The infrastructure for maintaining an effective programme remains weak in many areas of the country owing to limited manpower and transport and the lack of in-service training, which inhibit effective static and outreach activities.

Control of diarrhoeal diseases

15. The introduction of locally produced oral rehydration salts (ORS), beginning in April 1988, created the basis for both private and public sector distribution and promotion of ORS as an effective means of diarrhoeal disease case management. Non-governmental organizations and pharmacies became actively involved, both in the distribution of ORS and in the promotion of home-made solutions. Prototype oral rehydration therapy (ORT) education materials were developed and used extensively, and other promotional methods such as drama, posters and messages in local languages on ORS sachets are also being used effectively. Since mid-1987, health and non-health personnel have been trained to use ORT, and UNICEF has supported Jaycees International in providing information on ORT to grass-roots organizations in three regions.

Training of village health workers and traditional birth attendants

16. Until 1987, the training of village health workers (VHWs) and traditional birth attendants (TBAs), and the provision of basic supplies to them, was supervised by the Ministry of Health. However, the standardization of TBA training in 1988 led to the establishment of a national standard and the initiation of the safe motherhood programme in seven pilot districts in late 1989. The programme aimed at increasing access to, and upgrading the quality of, maternal and child health (MCH) services throughout the country through improved TBA training. Trainers at the health-centre level were trained and were expected, in turn, to strengthen the training and supervision of 14,000 TBAs by 1993.

Nutrition

17. Although approval of the new national food and nutrition policy has not proceeded as rapidly as expected, efforts in the area of weaning foods, food preservation and storage and the establishment of nutrition surveillance centres have borne encouraging results. All 45 weaning foods production sites originally planned have been established in 15 districts. Subsequently, a nutrition surveillance system was also installed in one third of the weaning food sites in each district through which volunteers were trained to weigh children and maintain growth charts. Supervising technicians were also trained in compiling and relaying records to regional and national headquarters. The programme emphasized benefits to women in terms of

income-generation opportunities and the reduction of drudgery, improved child feeding and the freedom for mothers to attend to other activities. Training was provided to technical officers of the Ministries of Health and Agriculture, private district-level technicians and community mill operators. Volunteers in 21 communities were trained in growth monitoring and 110,000 growth charts were printed locally. As of 1989, an estimated 60 per cent of children in the targeted villages were registered users of growth charts. Other activities included support for the fish smoking technology in coastal, and later in inland, regions and the promotion of dry season gardening in the Northern region.

Water supply and sanitation

18. UNICEF assistance to water supply and sanitation activities centred on cooperation with the Ghana Water and Sewerage Corporation to expand water and sanitation coverage. Significant resources were directed to improving water supply and sanitation in four regions (Brong Ahafo, Eastern, Volta and Western). Activities in those regions have included the drilling of 130 boreholes and the rehabilitation of 250 others to serve health institutions, day-care centres and primary schools. Other activities designed to address needs throughout the country included improving water supply and sanitation in small communities, using appropriate technology and safe, affordable systems such as hand-dug wells fitted with pumps and protected springs, and rehabilitating rainwater harvesting systems. In the initial years, the programme focused on the training of technicians and the supply of equipment, logistics and building materials for the drilling and rehabilitating of boreholes and the harvesting of rainwater for health institutions. In subsequent years, support for the community-based supply of safe water and the construction of Kumasi ventilated improved pit latrines using local materials was emphasized.

Education

19. Only limited support was provided in the area of education, primarily to promote the establishment of a national policy on early childhood development. Basic equipment for a number of pre-school facilities was also provided, together with training for trainers of pre-school staff and support for the establishment of integrated community centres for employable skills.

Social mobilization

20. In 1988 UNICEF commissioned a study of knowledge, attitudes and practices (KAP) regarding vaccinations, the findings of which were critical in formulating specific strategies to accelerate EPI activities and to support child survival and development (CSD). The resulting surge in social mobilization efforts included the formation, in May 1989, of NSMCCSD with representatives drawn from relevant governmental, non-governmental and international organizations, and from the mass media. The main function of the National Social Mobilization Committee for Child Survival and Development was to mobilize and coordinate financial and human resources in support of CSD. The impact of those efforts has been evident in increased demand and

support for EPI, and the mobilization structure has significant potential with respect to other child-related development issues such as literacy, dracunculiasis (Guinea worm) eradication and the dissemination of information pertaining to Facts For Life to communities.

Lessons learned

21. The experiences of the last several years have highlighted a number of lessons relevant to planning future UNICEF assistance which, during the past programme cycle, became overly dispersed geographically and lacked the clarity and cohesion originally envisaged. UNICEF inputs were discussed directly with each regional administration without coordination at the national level and, as a result, central ministries had little idea of what activities were actually taking place in each region and district. The mid-term review, held in July 1988, noted those concerns and recommended closer coordination and monitoring of UNICEF assistance within the context of the Government decentralization policy. The mid-term review also recommended the establishment of a Social Sector Coordinating Committee in each region to oversee all external inputs to each region, including those of UNICEF, and pointed out the need to improve planning. However, in practice, this proved difficult to implement, and the lack of a comprehensive plan agreed to at all levels contributed to a continued relative lack of coherence. In addition, appropriate and sustainable interventions depend on the active involvement of communities in decision-making, resource mobilization and monitoring in order to ensure sustainability.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $11,625,000
Supplementary funding: $ 8,500,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	4 078	5 005	9 083
Water supply and sanitation	1 479	2 032	3 511
Basic education	1 925	1 463	3 388
Social mobilization	1 305	-	1 305
Planning, monitoring and evaluation	854	-	854
Programme support	1 984	-	1 984
Total	11 625	8 500	20 125

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also approved supplementary funding projects shown in table 3.

Programme preparation process

22. Soon after the mid-term review, the Government and UNICEF started preparing a situation analysis of children and women, the first draft of which was reviewed at a workshop in January 1990. Subsequently, a draft strategy paper was prepared for discussion at a programme strategy meeting in March 1990, which recommended the convening of a Programme Formulation Task Force. The draft master plan of operations was discussed at a joint Government/UNICEF programme preview meeting in June 1990.

23. The new programme of cooperation will seek to enhance significantly the well-being of children and women in Ghana, with the following general objectives: (a) reduce U5MR by approximately 15 per cent by 1995; (b) reduce maternal mortality by 25 per cent; (c) improve access to basic education for children and literacy for women; (d) enhance the capacity to plan and implement social development initiatives, especially at district and community levels, with an emphasis on women's involvement; and (e) increase the knowledge of essential health information (Facts For Life) on the part of parents, especially mothers.

24. Operationally, the programme of cooperation will consist of five sectoral programmes which will seek to demonstrate the potential of full integration of services in 10 specific districts, one in each of the 10 regions in the country, selected by regional administrations on the basis of potential and needs. Together, the 10 districts have a total population of 1.35 million people.

Health and nutrition

25. Specific objectives of the health and nutrition programme will include: (a) a 30 per cent increase in the availability, accessibility and utilization of basic services in underserved areas; (b) the reduction of reported cases of EPI vaccine-preventable diseases, with particular efforts to eliminate neonatal tetanus by 1995, and towards the eradication of poliomyelitis by the year 2000; (c) the reduction of child mortality and morbidity associated with diarrhoea by 20 and 10 per cent, respectively; and (d) the reduction of malnutrition levels by one third. The programme will include the following five projects:

(a) The district PHC development (Bamako Initiative) project will support the strengthening of a comprehensive PHC programme so far hindered by problems that include the lack of integration between the organization and delivery of services; the over-centralization of decision-making; and limited community participation. In addition, drug shortages and the inadequate availability of MCH equipment also constrain programme implementation. In conjunction with the provision of essential drugs, communities will be trained to manage and distribute drug supplies on a cost-plus margin basis. Profits earned will be used by the unit committees (village government) to finance other PHC-related interventions (such as water supply, nutrition and child-care centres) determined by each community in consultation with district officials;

(b) Support to the safe motherhood project will finance activities in three regions as part of national safe motherhood efforts which seek to reduce mortality and morbidity owing to pregnancy-related conditions through improved coverage and quality of pre-, peri- and post-natal care and services related to family spacing. The Ministry of Health and UNICEF will address the problems of maternal health within the context of nationally formulated policy guidelines that include the identification of required inputs (such as MCH equipment and supplies, antenatal drugs, financial and logistical support); training and refresher courses for health personnel at all levels, especially for the supervision of TBAs; expanding facilities and upgrading existing referral points and systems; creating awareness and upgrading the knowledge among non-health personnel, especially policy makers, assemblymen and women, students, church groups, women's groups and community leaders about child spacing, pregnancy, labour, the prevention of acquired immunodeficiency syndrome (AIDS) and available facilities and services; and strengthened communication links among the levels of the PHC system to permit the timely treatment of cases by qualified personnel at referral points. UNICEF will assist the supervision of the trained TBAs and VHWs by training the supervisory midwives;

(c) The EPI and control of diarrhoeal diseases project will seek to maintain 80 per cent vaccination coverage by vaccinating children under one year old, pregnant women and women of child-bearing age in every community in the country, and will attempt to reach 85 per cent coverage of children under one year old nation-wide through a 50 per cent increase in static and outreach immunization services. The principal approaches will include strengthening national, regional and local infrastructures for vaccination delivery; strengthening the integration of EPI and PHC; improving epidemiological surveillance; and increasing demand for vaccinations through social mobilization. Micro-planning techniques will be included in in-service training workshops. Efforts will be made to achieve and sustain 100 per cent vaccination coverage in the 10 selected districts. In addition, the project will combine training on the use of ORS with EPI training in order to help improve diarrhoea case management and ensure access to ORS to 80 per cent of affected children under five years old between 1991-1995. The project will ensure 80 per cent access to ORS by 1993;

(d) The food and nutrition policy development project will seek to reduce malnutrition by promoting the adoption and implementation of the national food and nutrition policy, its integration into national development plans and the establishment of administrative mechanisms for coordination;

(e) The control of iodine deficiency disorders (IDD) project will provide information on the extent of IDD and will help to establish two monitoring laboratories to determine levels of urinary iodine. In addition, iodine supplements in the form of iodized oil will be provided to treat at-risk populations in endemic areas.

Water supply and sanitation

26. The water supply and sanitation programme will seek to improve the health and productivity of communities through the provision of improved water supply and sanitation, with an emphasis on small villages that have not yet benefited significantly from the development of water resources in Ghana. The primary geographic focus of the programme will be on dracunculiasis endemic areas as identified in the 1989 National Guinea Worm Search Survey. In order to provide those services, the programme will focus on efforts to increase access to clean drinking water and to improve environmental sanitation and personal hygiene in small rural communities. The programme will rely heavily on increased community participation, training of district staff and communities, use of appropriate, low-cost and replicable technologies, the expanded use of hygiene education and improved coordination among government agencies and donors.

Rural water supply project

27. This project will focus primarily on small communities of less than 500 people, with a special focus on dracunculiasis endemic areas. The project will benefit a total of approximately 620,000 people by assisting with the construction or rehabilitation of hand-dug wells equipped with hand-pumps, the drilling and rehabilitation of boreholes, the development of alternative, small-scale water technologies such as spring boxes and infiltration galleries, and the provision of chemicals and filters to combat dracunculiasis.

Environmental and domestic sanitation project

28. The project will complement the water supply project and aims to increase rural sanitation, with a primary focus on communities of less than 500 inhabitants. The project will focus on the promotion and construction of sanitary facilities and, in collaboration with the mobilization programme and with support from the Department of Community Development, will seek to improve knowledge and practices related to personal hygiene and sanitation. The project will construct 1,200 communal and household demonstration units to serve approximately 60,000 rural people directly.

Basic education

29. In response to the World Conference on Education for All, a new programme on basic learning needs will be supported beginning in 1991 to address the lack of instruction manuals and supplementary reading materials on the newly introduced life skills syllabus (on personal hygiene and health) in primary and junior secondary schools. The programme will address the shortage of material resources to support the national functional literacy programme; the lack of a national policy on pre-school education; and the inadequacy of pre-school care, particularly in rural communities. The programme will also address issues relating to the pre-school child and will seek to equip school-age children and non-literate adults, particularly women, with the basic knowledge and skills they require to enhance their welfare and that of young children.

Life skills in primary schools project

30. This project will support the incorporation of the components of Facts for Life in the curricula of 10,120 primary and 5,000 junior secondary schools reaching some 2.3 million children aged 6 to 15 years old throughout the country. In addition to supporting the design and production of resource books for some 100,000 teachers and supplementary reading materials for pupils, the project will link the school system with communities in the promotion of convergent basic services.

Non-formal education project

31. The project will support the provision of functional literacy skills to adults, particularly women, and to children not attending school. It will be coordinated with the social mobilization programme to equip women, especially the non-literate, with the basic knowledge and skills they require to enhance their welfare and that of their children.

Early childhood development project

32. The project will seek to reduce the workload of women and to increase the schooling of young girls while promoting the physical, cognitive and psycho-motor development of children under six years of age by promoting the establishment of community-based pre-schools. The project will also address such national issues as policy development and institutional strengthening at national level, in addition to promoting efforts to improve pre-school facilities and non-formal child care.

Social mobilization

33. The social mobilization programme will seek to ensure the effective utilization of basic services by improving the KAP of the population, especially women, with respect to basic preventive health measures and PHC interventions. Building on past experience, communities will be mobilized through the promotion of messages related to Facts For Life, AIDS, women and other critical messages through both formal and traditional (non-formal) communication channels. The programme will support all other programmes by creating and sustaining a process of social change with respect to KAP, and, as a result, demand for services, and by generating commitment at all levels to maintain and expand basic services.

Advocacy and mobilization of allies project

34. The project will provide institutional support, orientation and training to Social Mobilization Committees for Child Survival and Development at national, regional, district and community levels to address the lack of knowledge of health issues, child rights and other critical issues among leaders and decision makers. Special emphasis will be given to ensuring that committee members are fully conversant with Facts For Life messages and are sensitized to the roles and needs of women. The committees will serve as key

actors in all other projects within the programme. The project will carry out advocacy on children's and women's issues with approximately 50,000 people comprising national, regional, district and local leaders.

Mass media development project

35. The project will aim to improve production facilities, equipment and materials used by both the electronic and print media and to increase the number of journalists conversant with reporting on CSD, child rights and women's issues. The project will strengthen media capacity to research and report on the special needs and concerns of women and children, especially in the area of social development issues relating to health education, etc. Awards for excellence in reporting on children's issues will be instituted and presented in conjunction with the annual release of the UNICEF State of the World's Children report.

Planning, monitoring and evaluation

36. The planning, monitoring and evaluation programme will support the overall programme of cooperation by strengthening the collection and analysis of data, especially that related to the situation of children and women. By providing essential and timely information, the programme will support improved multisectoral coordination within the context of the decentralized administrative structure and will also provide the data upon which all national advocacy efforts will be based.

Social statistics

37. This project will provide information to planners at the national and regional levels and in the 10 selected districts. These personnel will be provided with the data collected and further oriented so as to make maximum use of this data in prioritizing development needs and planning activities within their jurisdiction. In addition, a total of 1,168 communities in the 10 selected districts will benefit from carrying out community surveys based on participatory research methodology by 1995. Indirectly, all children and women will benefit from improvements in the planning, design and implementation of development efforts made possible by the data to be provided through this project.

Programme monitoring and evaluation

38. This project will facilitate the implementation and monitoring of UNICEF-assisted interventions by strengthening, developing and utilizing systems to collect and process data related to programme implementation. Particular emphasis will be given to the development of easy-to-use software packages for planning and monitoring inputs. Once developed, the use of the systems at all levels will facilitate the aggregation of data to provide a national overview, as well as regional and district breakdowns of relevant data. Appropriate technical and material support will be provided at each level. One programme will be evaluated each year, producing a total of six

evaluations during the period 1991-1995. The evaluations will be geared primarily to serve programme planners and implementers and, when required, donors who have provided resources for supplementary-funded programmes.

Coordination and management of the country programme

39. UNICEF assistance to the Government will be coordinated by the Ministry of Finance and Economic Planning, together with the relevant sectoral ministries and other government institutions. The Ministry will also ensure adequate coordination with other donor organizations in order to reduce duplication of efforts and ensure maximum impact on the beneficiary populations. In all programmes and projects targeted at the regional and district levels, the Ministries of Local Government and of Mobilization and Social Welfare will be essential partners, under the general direction of the Ministry of Finance and Economic Planning.

40. Effective collaboration with other national, international and bilateral agencies will be a major goal of advocacy activities in order to help ensure that successful models of intervention are expanded and, with or without UNICEF assistance, universally applied.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Ghana (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	143	(1989)	Very high U5MR
Infant mortality rate	87	(1989)	High IMR
GNP per capita	$ 400	(1988)	Low GNP
Total population	15 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	403	482	558	628
Infant deaths (under 1)	(thousands)	45	49	52	55
Under-five deaths	(thousands)	74	80	86	90
Under-five mortality rate (per 1,000 live births)		184	166	155	143
Infant mortality rate (under 1) (per 1,000 live births)		112	101	94	87

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987-1988)	Moderate & severe	..	27
	Severe	..	6
Babies with low birth weight (%, 1979/1988)		..	17*
Children completing primary level (% of first grade, 1977/1988)		75*	..

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1988)	91/ 90/ 72	90*/ 92*/ 87*
Prevalence of wasting (%, 1980/1987-1988)	28	15
Prevalence of stunting (%, 1980/1988)	31	39
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)	76	76
Food production per capita index (Index 1979-1981=100, 1980/1989)	101	111
Household expenditure (% of total income, 1988) All food/cereals		66*/..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			21
Access to health services	Total	..	60
(% of population, 1980/1987)	Urban/rural	../..	92/ 45
Access to safe water	Total	45	56
(% of population, 1980/1987)	Urban/rural	72/ 33	93/ 39
Access to adequate sanitation	Total	27	30
(% of population, 1980/1987)	Urban/rural	47/ 17	61/ 16
Births attended by trained personnel (%, 1980/1989)		..	55*
Maternal mortality rate (per 100,000 live births, 1979/1984)		..	1000

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	67	41	56	99
	DPT	22	23	33	51
	Polio	25	18	33	51
	Measles	23	..	47	65
Pregnant women (%) immunized against	Tetanus	11	2	19	19

TABLE 1 (continued)

Ghana

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	72/ ..	73/ ..
(%, 1980/1988)	Male	80/ ..	81/ ..
	Female	64/ ..	66/ ..
Secondary enrolment ratio (gross/net)	Total	37/ ..	39/ ..
(%, 1980/1988)	Male	46/ ..	47/ ..
	Female	28/ ..	30/ ..
Adult literacy rate, 15 years & older	Total	31	53
(%, 1970/1985)	Male/female	43/ 18	64/ 42
Radio/television sets (per 1,000 population, 1980/1988)		195/11	294/13

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	8.6	10.7	12.8	14.6	20.6
Population aged 0-15 years	(millions)	..	5.1	6.1	6.9	9.6
Population aged 0-4 years	(millions)	..	1.9	2.4	2.7	3.5
Urban population (% of total)		29	31	32	33	38
Life expectancy at birth	Total	49	52	53	55	59
(years)	Male	47	50	51	53	57
	Female	51	53	55	56	61
Total fertility rate		6.7	6.5	6.4	6.4	5.7
Crude birth rate (per 1,000 population)		46	45	45	44	40
Crude death rate (per 1,000 population)		17	15	14	13	10

		About 1980	Most recent
Contraceptive prevalence rate (%, 1979/1988)		10	13
Population annual growth rate	Total	2.2	3.4
(%, 1965-1980/1980-1989)	Urban	3.4	4.1

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1988)		-0.8	-1.4
Inflation rate (%, 1965-1980/1980-1988)		23	46
Population in absolute poverty (%, 1977/1987)	Urban/rural	../..	59*/ 37*
Household income share (%, 1977/1988)	Top 20%/bottom 40%	../..	.. / ..
Government expenditure	Health/education	7/ 22	9 / 26
(% of total expenditure, 1980/1988)	Defence	4	3
Household expenditure (% of total income, 1980-1985)	Health/education		3 / 5
Official development assistance:	$US millions	193	474
(1980/1988)	As % of GNP	4	8
Debt service (% of goods & services exports, 1980/1988)		8	20

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1986-1990

(In thousands of United States dollars)

COUNTRY: GHANA
LATEST BOARD APPROVAL: 1986
GENERAL RESOURCES: $8,574,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	3062	3114	123	155	26	2	284	107	3495	3378	6873
Water supply and sanitation	1072	480	39	7	56		148	32	1315	519	1834
Nutrition	261	198	12	17			93	22	366	237	603
Education	24	210	8	2				98	32	310	342
Community organization and development	136	11	6				123		265	11	276
Young child development	19		21						40		40
Women-centred programme	92	9	24	16			50	15	166	40	206
Advocacy	20	6		24	13		55	7	88	37	125
Emergency	1	107				5			1	112	113
Planning and project support	754	15	28		1391	20	635	23	2808	58	2866
Freight	909	171							909	171	1080
GRAND TOTAL	6350	4321	261	221	1486	27	1388	304	9485	4873	14358

GR = General resources.
FSF = Funded supplementary funding.

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TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: GHANA Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	643	748	876	850	961	4078
	FSF	510					510
	NSF	817	854	1269	1244	821	5005
Water supply and sanitation	GR	298	326	319	277	259	1479
	NSF	219	432	467	521	393	2032
Education	GR	387	428	355	366	389	1925
	NSF		223	376	458	406	1463
Social mobilization and advocacy	GR	260	325	270	225	225	1305
Planning and social statistics	GR	257	91	157	242	107	854
Programme support	GR	480	407	348	365	384	1984
TOTAL	GR	2325	2325	2325	2325	2325	11625
	FSF	510					510
	NSF	1036	1509	2112	2223	1620	8500
GRAND TOTAL		3871	3834	4437	4548	3945	20635

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: GHANA	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	3	680
Local national Professional and General Service established posts	11	203
Operating costs		629
Total	14	1512
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	6	1241
Supplementary funds		
Local national Professional and General Service project posts		
General resources	25	470
Supplementary funds		
Total	31	1711

a/ For information source, see 1992 post authorization table, dated January 1991.